

DONALD E. WILLIAMSON
ASSESSOR
COUNTY OF SAN BERNARDINO
172 West Third Street
San Bernardino, CA 92415-0310
(909) 387-8307

CHANGE IN OWNERSHIP STATEMENT - DEATH OF REAL PROPERTY OWNER

(Filed pursuant to Section 480b of the Revenue and Taxation Code)

INSTRUCTIONS: Complete a separate form for each property. Upon completion, mail this form to:
Office of Assessor, 172 West Third Street, San Bernardino CA 92415-0310

1. Name of Decedent _____
2. Date of Death _____
3. Street Address of Property _____
4. Assessor's Identification Number (*parcel number*):
5. Descriptive information (*check A, B or C, if applicable*):
A ☐ Attached is copy of deed by which decedent acquired title.
B ☐ Attached is copy of most recent tax bill.
C ☐ Deed or tax bill is not available; attached is the legal description.
6. Disposition of Real Property will be by (*check one*):
A ☐ Intestate Succession
B ☐ PC 650 Distribution
C ☐ Affidavit of Death of Joint Tenant
D ☐ Decree of Distribution Pursuant to Will
E ☐ Action of Trustee Pursuant to Terms of a Trust
7. Transferee information (*check A, B or C, if applicable*):
A ☐ Transfer is to decedent's spouse (*check even if Affidavit of Death of Joint Tenant is to be recorded*).
Name of Spouse _____
B ☐ Transfer is to a Trust of which the spouse is the sole beneficiary or the income beneficiary.
Name of Spouse _____
C ☐ Transfer is to decedent's nonspousal beneficiaries (*where known, indicate names of beneficiaries and the percentage of ownership interest each is to receive*).

D ☐ Transfer is to decedent's parent or child.
8. Name and mailing address for tax correspondence during pendency of the probate of decedent's estate.

9. Sale Prior to Distribution (*check if applicable*):
☐ This property has been sold or will be sold prior to distribution. (*Where appropriate, attach the conveyance document and/or court order.*)

DATE	TELEPHONE NO.	PRINT NAME
ADDRESS (STREET)		SIGNATURE OF TRANSFEREE, REPRESENTATIVE, ADMINISTRATOR OR EXECUTOR
(CITY, STATE, ZIP CODE)		